



# City of D'IBERVILLE Police Department



Shannon Nobles  
Chief

Bobby Weaver  
City Manager

Rusty Quave  
Mayor

City of D'Iberville, Mississippi

## Application for Noise Ordinance Variance

**ATTENTION APPLICANT:** All applications must be typed or handwritten legibly. The \$10.00 permit fee must be submitted with this application. The permit fee and the application will be processed by the D'Iberville Police Department. If approved this variance must be available for review any time during the noise and sound making activity in question. This variance must be presented to any police officer or designated official upon request. If the variance is permitted this application will serve as the official PERMIT for the noise and sound making activity. This PERMIT will, however, be surrendered to any police officer or designated official if it has expired or if any restrictions contained therein have been violated.

Requesting Person or Organization: \_\_\_\_\_

Briefly describe the type of noise or sound making activity for which the variance is requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location of noise or sound making activity: \_\_\_\_\_

Expected number of persons attending or participating in noise or sound making activity: \_\_\_\_\_

Proximity of noise or sound making activity to (indicate approximate distance):

Churches: _____	Public Library: _____
Hospitals: _____	Residential Area(s): _____
Nursing Homes: _____	Schools: _____

Number of sound amplification devices or equipment: \_\_\_\_\_

Anticipated direction of sound amplification devices or equipment: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ a.m./p.m. End Time: \_\_\_\_\_ a.m./p.m.

The noise of sound making activity will be held:  Indoors  Outdoors  Other: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Applying for Variance

\_\_\_\_\_  
Signature of Person Applying

\_\_\_\_\_  
Address of Applicant or Organization

\_\_\_\_\_  
Phone Number of Applicant or Organization



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**DO NOT WRITE BELOW THIS LINE**

In addition to the above listed criteria, the following conditions will also apply to the variance:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This variance will expire on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_.    \_\_ APPROVED \_\_ DENIED

If denied, reason for denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_                      Chief of Police: \_\_\_\_\_

Check here for City Sponsored Event.

- Captain of Operations
- Captain of Administration
- Captain of Investigation
- Day Shift OIC
- Evening Shift OIC
- Records
- Master File